

09/28/01
JC893 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No.	COMP:0233 P01-3623	Total Pages	47
First Named Inventor or Application Identifier					
<i>Robert A. Lester et al.</i>					
		Express Mail Label No.	EL 827 072 572 US		

09/28/01 JC893 U.S. PTO 155

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		Assistant Commissioner for Patents			
		ADDRESS TO: Box Patent Application Washington, DC 20231			
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i>		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)			
2. <input checked="" type="checkbox"/> Specification Total Pages 24 <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> -Descriptive -Cross References to Related Application -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (<i>if filed</i>) -Detailed Description -Claim(s) -Abstract of the Disclosure 		7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 			
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 4 Total Pages 12		ACCOMPANYING APPLICATION PARTS			
4. Oath or Declaration <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 		8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))			
5. <input type="checkbox"/> Incorporation By Reference (<i>useable if Box 4b is checked</i>) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(where there is an assignee)</i>			
		10. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)			
		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations			
		12. <input type="checkbox"/> Preliminary Amendment			
		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)			
		14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) <input type="checkbox"/> Status still proper and desired			
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>			
		16. <input checked="" type="checkbox"/> Other PTO-2038 (Credit card Payment Form)			
17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional		<input type="checkbox"/> Continuation-in-part (CIP) of prior application No: /			

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label **Correspondence address below**

(Insert Customer No. or Attach bar code label here)

NAME	Michael G. Fletcher Fletcher, Yoder & Van Someren				
ADDRESS	P.O. Box 692289				
CITY	Houston	STATE	Texas	ZIP CODE	77269-2289
COUNTRY	USA	TELEPHONE	(281) 970-4545	Fax	(281) 970-4503

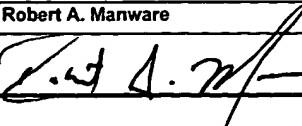
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

		Complete if Known	
		Application Number	Unassigned
		Filing Date	Herewith
		First Named Inventor	Robert A. Lester et al.
		Group Art Unit	Unassigned
		Examiner Name	Unassigned
TOTAL AMOUNT OF PAYMENT	(\$) 1,072.00	Attorney Docket Number	COMP:00233/FLE (P01-3623)

METHOD OF PAYMENT (check one)				FEES CALCULATION (continued)		
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: 06-1315/COMP:0233/FLE				3. ADDITIONAL FEES		
Deposit Account Number	Fletcher, Yoder & Van Someren			Large Fee Code	Entity Fee (\$)	Small Entity Fee Code (\$)
Deposit Account Name				Fee Description	Fee Paid	
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)			105 130	205 65	Surcharge - late filing fee or oath
2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other				127 50	227 25	Surcharge - late provisional filing or cover sheet.
PTO-2038 (Credit Card Payment Form)						
FEES CALCULATION (fees effective 10/01/96)						
1. FILING FEE						
Large Entity		Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
101	710	201	355	Utility filing fee	<u>710.00</u>	
106	320	206	160	Design filing fee		
107	490	207	245	Plant filing fee		
108	710	208	355	Reissue filing fee		
114	150	214	75	Provisional filing fee		
SUBTOTAL (1)				(\$) 710.00		
2. CLAIMS						
		Extra	Fee from below	Fee Paid		
Total Claims	<u>29</u> - <u>20</u> =	<u>9</u>	<u>X</u> <u>18</u> =	<u>162.00</u>		
Independent Claims	<u>5</u> - <u>3</u> =	<u>2</u>	<u>X</u> <u>80</u> =	<u>160.00</u>		
Multiple Dependent Claims		<u>X</u>	=	<u>—</u>		
Large Entity		Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		
103	18	203	9	Claims in excess of 20		
102	80	202	40	Independent claims in excess of 3		
104	270	204	135	Multiple dependent claim		
109	80	209	40	Reissue independent claims over original patent		
110	18	210	9	Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)				(\$) 322.00		
* Reduced by Basic Filing Fee Paid						

SUBMITTED BY		Complete (if applicable)		
Typed or Printed Name	Robert A. Manware		Reg. Number	48,758
Signature			Date	09/28/01
			Deposit Acct. User ID	06-1315 - COMP:0233/FLE (P01-3623)